

**CONCEALED WEAPONS PERMIT  
PROTECTED INFORMATION COMPLAINT**



**OSAGE COUNTY SHERIFF'S OFFICE**

**SHERIFF MICHAEL DIXON**

**PO BOX 619 LINN, MISSOURI**

**Telephone: 573.897.3927**

Missouri's CCW Revised State Statute 571.101 - For purposes on this form the word "permit" shall mean all endorsements and/or certificates

Missouri State Law clearly prohibits anyone from disseminating any records pertaining to conceal weapon permit holders in accordance with 571.101 RSMo. Section 8 requires that a qualification or a concealed carry endorsement shall not be public information and shall be considered personal protected information. 571.101 RSMo, Sect. 8 states, "All information on any such certificate that is protected information on any driver's or nondriver's license shall have the same personal protection for purposes of sections 571.101 to 571.121. An applicant's status as a holder of a certificate of qualification or a concealed carry endorsement shall not be public information and shall be considered personal protected information. Any person who violates the provisions of this subsection by disclosing protected information shall be guilty of a class A misdemeanor."

**DATE THIS FORM WAS FILLED OUT (MM/DD/YY) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_**

(CIRCLE ONE) **MR. MRS. MS.**

**COMPLAINANT'S PERSONAL INFORMATION**

FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

**OPERATOR'S LICENSE NUMBER** \_\_\_\_\_ (or other form of identification if driver's license not available)

**COMPLAINANT'S COUNTY OF RESIDENCY**

COMPLAINANT'S COUNTY SHERIFF'S OFFICE \_\_\_\_\_ NAME OF LOCAL FEE OFFICE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**1.) Answer the following accurately:**

- A. Are you a citizen of the United States of America?  
B. Are you a citizen of the State of Missouri?  
C. Are you a concealed weapons permit holder in the State of Missouri?  
D. Are you or have you ever been convicted of a felony?  
E. Have you ever been committed to a mental or psychiatric facility or diagnosed with a mental illness?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**PLEASE RETURN THIS FORM TO:**

**CONCEALED WEAPONS PERMIT PROTECTION UNIT  
OSAGE COUNTY SHERIFF'S OFFICE  
PO BOX 619  
LINN, MISSOURI 65051**

2.) Please list all interactions or activity you are aware of to date, with the locations, addresses, and individuals that have scanned any of your information pertaining to conceal weapon permits, transmitted any of your personal private protected information, or further violated your rights as defined in 571.101 RSMo. Please be concise and state the facts. Attach additional pages if necessary. Please ensure that it is legible for investigators to read.

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3. Have the following actions occurred at your local license fee office or department of revenue?

	YES	NO
A. Scan Birth Certificate or other Personal Documents	<input type="checkbox"/>	<input type="checkbox"/>
B. Scan Concealed Carry Certificate	<input type="checkbox"/>	<input type="checkbox"/>
C. Obtained or Inquired about any further information regarding CCW or firearms information		

(If you answered YES on any of the above please write specifics below. Attach additional pages if necessary)

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4. I am requesting an investigation regarding possible criminal actions committed by the following:

(Please list all Local, State, & Federal Agencies or persons you are concerned about. Ensure you have articulated involvement in #2)

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ Any individuals involved in the transmission of protected private information as defined in 571.101 RSMo for any reason

5. I prefer to be contacted by:

☐ Telephone  
☐ Mailing Address  
☐ Email

**BY FILING THIS COMPLAINT, I UNDERSTAND THAT THIS DOCUMENT IS A LAW ENFORCEMENT COMPLAINT:**

My local county Sheriff, the Sheriff of Osage County, the Sheriff of Cole County (Jefferson City), and the Attorney General will receive a copy of this criminal investigative request for potential criminal prosecution under chapter 571. RSMo, or other related statutes or laws, and I will testify in court to the facts stated in this complaint if called upon to do so.

**I attest to the accuracy of statements made in this complaint**

\_\_\_\_\_  
**YOUR SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**WITNESS OR RECEIVING OFFICER**

\_\_\_\_\_  
**DATE**

**Investigator Use Only:**

**REPORTING AGENCY CASE NO:** \_\_\_\_\_

☐ **Copies to** Local Sheriff of Reporting Party  
☐ **Copies to** Osage County Sheriff  
☐ **Copies to** Cole County Sheriff  
☐ **Copies to** Attorney General

**NOTES:** \_\_\_\_\_  
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